

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 2/26/15
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Name of Committee in Full				Registration Number, if PAC	
Committee For Chris Brown For Judge					
Full Name of Contributor				Amount	
John Hilt				50.00	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	
3083 Columbus Street		0	2	6	15
City	State	Zip Code	Form (Cash, Check, etc.)		
Grove City	OH	43123			
Full Name of Contributor				Registration Number, if PAC	
David Pariser					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2557 Bexley Park Rd.		0	2	6	15
City	State	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	200.00		
Full Name of Contributor				Registration Number, if PAC	
Stephen Barsotti					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1577 Pemberton Dr		0	2	6	15
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43221-1443	100.00		
Full Name of Contributor				Registration Number, if PAC	
Michael Zatezalo					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1176 Harrison Pond Dr.		0	2	6	15
City	State	Zip Code	Form (Cash, Check, etc.)		
New Albany	OH	43054	100.00		
Full Name of Contributor				Registration Number, if PAC	
Roger Sugarman					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
6025 Cranberry Ct.		0	2	6	15
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43213	100.00		
Full Name of Contributor				Registration Number, if PAC	
Robert Cohen					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1657 Wingate Dr		0	2	6	15
City	State	Zip Code	Form (Cash, Check, etc.)		
Delaware	OH	43015-9274	100.00		
Full Name of Contributor				Registration Number, if PAC	
Regler Brown Hill + Ritter					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
65 E. State St. Suite 1800		0	2	6	15
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	500.00		

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event:

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

2,950 00

Total expenditures this event.

600 00

Page Total \$ 1,150.00